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U/R

SAP  
18-11-20

D350-607-741

Job Sheet 186694



0006679

Part No: D350-607-741

Job Qty: 1 ea

Part Name: AS350/AS355 Quick Release Heli-Utility-Basket™ Long, Oversized Lid



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 11/20/18

Job Tracking No:

Due Date: 12/28/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: URF 18-803 IIN-D350-607-5 REV PRELIM-F IPP REV:A 18.07.23 NEW ISSUE DD VERF:JFS

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off           |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|--------------------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |                    |
| 90    | Start up Operation | 1 Ea  |            | 12/28/18 | 0.00      | 0.00    | Start Up Stores/Pkg-2 |           | NOV 26 2018        |
| 140   | Packaging          | 1 pcs |            | 12/28/18 | 0.00      | 0.00    | Packaging1-3          |           | DAS 46 DEC 29 2018 |
| 150   | QC                 | 1 pcs |            | 12/28/18 | 0.00      | 0.00    | QC4                   |           | 46 DEC 29 2018     |
| 160   | Packaging          | 1 pcs |            | 12/28/18 | 0.00      | 0.00    | Packaging3-1          |           | 46 DEC 29 2018     |
| 165   | DC                 | 1 pcs |            | 12/28/18 | 0.00      | 0.00    | DC                    |           | 9 DEC 31 2018      |
| 170   | QC21-FG            | 1 Ea  |            | 12/28/18 | 0.00      | 0.00    | QC21                  |           | DEC 31 2018        |

Part Op 160 - Identify and pack for shipping as per PPP D350-607-741 Location: \_\_\_\_\_ PPP Rev: \_\_\_\_\_  
Descriptions: 165 - Photocopy bluefile & type labels per PPP D350-607-741 CHG001

### Job BOM

| Part / Item  | Component Name                                                                   | Quantity     | Operation             | Container |
|--------------|----------------------------------------------------------------------------------|--------------|-----------------------|-----------|
| 97447A010    | Blind Rivet                                                                      | 4 pcs (4 ea) | 90-Start up Operation | 5044116   |
| AN310C4      | Nut                                                                              | 1 Ea (1 ea)  | 90-Start up Operation | 5103954   |
| AN4-13A      | Bolt                                                                             | 6 Ea (6 ea)  | 90-Start up Operation | 5115326   |
| AN4C15       | BOLT                                                                             | 1 Ea (1 ea)  | 90-Start up Operation | 5044216   |
| D2690-6      | Lanyard                                                                          | 1 Ea (1 ea)  | 90-Start up Operation | 5120431   |
| D350-607-511 | AS350/AS355 Quick Release Basket/Long Cargo Tube Mounting Provisions, Fits LH/RH | 1 Ea (1 ea)  | 90-Start up Operation | 5140774   |
| D3912-041    | Eyebolt Receiver Assembly                                                        | 1 Ea (1 ea)  | 90-Start up Operation | 5122427   |
| D4085-3      | Placard                                                                          | 1 Ea (1 ea)  | 90-Start up Operation | 5119329   |
| D4150-041    | Attachment Arm Assembly                                                          | 1 Ea (1 ea)  | 90-Start up Operation | 5115097   |
| D4151-041    | Basket Fwd Hardpoint Assembly, Lower                                             | 1 Ea (1 ea)  | 90-Start up Operation | 5120922   |
| D4151-043    | Basket Fwd Hardpoint Assembly, Upper                                             | 1 Ea (1 ea)  | 90-Start up Operation | 5123959   |
| D5673-041    | Long XL Basket Assembly, LH                                                      | 1 Ea (1 ea)  | 90-Start up Operation | 5139073   |
| MS17984-C413 | Quick Release Pin                                                                | 1 pcs (1 ea) |                       |           |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br>Skid-tube <input type="checkbox"/> Cross tube <input type="checkbox"/> Water Jet <input type="checkbox"/> Engineering <input type="checkbox"/><br>Machining <input type="checkbox"/> Small Fab <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Quality <input type="checkbox"/><br>Thermoforming <input type="checkbox"/> Finishing <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Other <input type="checkbox"/><br>Large Fab <input type="checkbox"/> Composite <input type="checkbox"/> Supplier <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p style="font-size: small;">Dart Aerospace Ltd.<br/>1270 Aberdeen Street<br/>Hawkesbury, ON K6A 1K7<br/>CANADA<br/>TEL.: 1 613 622-5200<br/>Email: sales@dartaero.com<br/>www.dartaerospace.com</p><div style="display: flex; align-items: center;"><div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">DART<br/>AEROSPACE</div><div style="text-align: center;"><p>Container No: S131393</p><p>Part: D350-607-741<br/>Job No: 186694<br/>Serial No/Batch: S131393<br/>Revision: PRELIM - F<br/>Inspector:<br/>Exp Date:<br/>Instructions: TBD</p></div></div></div><div style="width: 45%; text-align: right; font-size: small;">Date: 11/25/18</div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;"><b>Root Cause</b></td></tr><tr><td style="width: 50%; vertical-align: top;">Environment <input type="checkbox"/><br/>Design <input type="checkbox"/><br/>Doc/Data <input type="checkbox"/><br/>Equip/Tooling <input type="checkbox"/><br/>Handling/Pre <input type="checkbox"/><br/>Material <input type="checkbox"/><br/>Internal Transport <input type="checkbox"/><br/>Tribal Knowledge <input type="checkbox"/><br/>LOA <input type="checkbox"/><br/>Substation <input type="checkbox"/><br/>Past Expiry Date <input type="checkbox"/><br/>Misidentified <input type="checkbox"/></td><td style="width: 50%; vertical-align: top;">No Re-verification <input type="checkbox"/><br/>Operator <input type="checkbox"/><br/>Offset/Setup <input type="checkbox"/><br/>Supplier <input type="checkbox"/><br/>Training <input type="checkbox"/><br/>Use for Testing <input type="checkbox"/><br/>Poor Information <input type="checkbox"/><br/>Rushing <input type="checkbox"/><br/>Product Improvement <input type="checkbox"/><br/>Process Improvement <input type="checkbox"/><br/>Manufacturing Process <input type="checkbox"/><br/>Past Due <input type="checkbox"/></td></tr></table> |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                          | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

OTHER : \_\_\_\_\_

|               |            |               |                          |          |
|---------------|------------|---------------|--------------------------|----------|
| MS21042L4     | Nut        | 6 Ea (6 ea)   | 90-Start up<br>Operation | 51045921 |
| MS24665-151   | Cotter Pin | 1 Ea (1 ea)   | 90-Start up<br>Operation | 5169736  |
| NAS1149C0463R | Washer     | 3 Ea (3 ea)   | 90-Start up<br>Operation | 5053951  |
| NAS1149F0432P | Washer     | 12 Ea (12 ea) | 90-Start up<br>Operation | 5104373  |
| NAS1515H4L    | Washer     | 2 Ea (2 ea)   | 90-Start up<br>Operation | 5123456  |
|               |            |               |                          | 5044189  |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | 97447A010      | 4        | 692       | 0         |
|                       | AN310C4        | 1        | 82        | 0         |
|                       | AN4-13A        | 6        | 950       | 0         |
|                       | AN4C15         | 1        | 71        | 0         |
|                       | D2690-6        | 1        | 5         | 0         |
|                       | D350-607-511   | 1        | 9         | 0         |
|                       | D3912-041      | 1        | 15        | 0         |
|                       | D4085-3        | 1        | 17        | 0         |
|                       | D4150-041      | 1        | 10        | 0         |
|                       | D4151-041      | 1        | 10        | 0         |
|                       | D4151-043      | 1        | 4         | 0         |
|                       | D5673-041      | 1        | 0         | 0         |
|                       | MS17984-C413   | 1        | 34        | 0         |
|                       | MS21042L4      | 6        | 1,872     | 0         |
|                       | MS24665-151    | 1        | 118       | 0         |
|                       | NAS1149C0463R  | 3        | 485       | 0         |
|                       | NAS1149F0432P  | 12       | 678       | 0         |
|                       | NAS1515H4L     | 2        | 175       | 0         |

### Part Specifications

Specifications could not be found.



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                 |                                               |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                            |                                                 |                                               |
| Date :                                                       | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | MRB (QSI042) Approval                           |                                               |
| Description Work Order Deviation                             |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            | Completed By                                    |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | Lead hand / Supervisor<br>Approval Verification |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | QC / QA Coordinator<br>Approval                 |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                 |                                               |
| Root Cause                                                   |                                                                                                                                                                                    | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                 |                                               |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>       | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>          | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                  | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                   | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>     | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>        | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>             | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>           | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>  | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                 |                                               |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                 |                                               |

## Change Record

PAGE 1 OF 1

Part Number: D350-607-741

Description: HELI-UTILITY-BASKET LONG OVERSIZED LID

[illegible]



